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FACSIMILE TRANSMISSION**CONFIDENTIAL**DATE: August 26, 2004

CLIENT-MATTER No.: 22300-05725

To:

NAME	FAX NO.	PHONE NO.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM: Laura A. Majerus

PHONE: (650) 335-7152

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NUMBER OF PAGES WITH COVER PAGE: 5 ORIGINAL WILL NOT FOLLOW

MESSAGE:

RE: Application No. 09/895,272 Filed: June 29, 2001
 First Named Inventor: Frans W. Sijstermans

Attached is a Request for Withdrawal as Attorney (in triplicate) in the above-referenced matter.

CAUTION - CONFIDENTIAL

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22300/05725/DOCS/1460469.1

0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office		
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>			
		Application Number	09/895,272
		Filing Date	June 29, 2001
		First Named Inventor	Frans W. Sijsternmans
		Examiner	David H. Malzahn
		Group Art Unit	2124
Total Number of Pages in This Submission	4	Attorney Docket Number	22300-05725

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (In duplicate) <input type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): <input type="checkbox"/> [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent (in triplicate) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:	<i>Laura Majerus</i>		Dated: August 26, 2004
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 33,417		

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:	<i>Laura Majerus</i>		Dated: August 26, 2004
Typed or Printed Name:	Laura A. Majerus		
Facsimile Number:	1-703-872-9306		

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/895,272
Filing Date	June 29, 2001
First Named Inventor	Frans W. Sijstermans
Examiner	David H. Malzahn
Group Art Unit	2124
Attorney Docket Number	22300-05725

To:

 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above- identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. The correspondence address is NOT affected by this withdrawal.
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City	San Jose	State	CA	Zip	95131
Country	USA				
Telephone	(408) 434-3000	Fax	(408) 474-9082		

This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 758
 on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Laura A. Majerus
Signature	<i>Laura Majerus</i>
Date	August 26, 2004

NOTE: Withdrawal is effective when approved rather than when received.
 Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.